

STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 Vine st</u>		d. STREET ADDRESS (If rural, give location) <u>104 Vine st</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>nmj</u> c. (Last) <u>Shackleford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 9 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (In years last birthday) <u>84</u> 10. YEAR <u>1914</u> 11. MONTH <u>10</u> 12. DAY <u>14</u> 13. HOURS <u>0</u> 14. MIN. <u>0</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>South of Sweet Springs, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Shackleford</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bright</u>	
13c. NAME OF HUSBAND OR WIFE <u>Eva Shackleford</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Shackleford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Shackleford, Lee Summit Mo</u>		ADDRESS <u>331 X</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>Several years</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/13</u> , 19 <u>54</u> , to <u>3/23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>54</u> , and that death occurred at <u>2:25 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. Harker & Son, M.D.</u>		23b. ADDRESS <u>Sweet Springs, Mo</u>	
23c. DATE SIGNED <u>3/23/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>March 25, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Pe Hiss Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Mosely</u>	
DATE REC'D BY LOCAL REG. <u>3/26/54</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>	
ADDRESS <u>Sweet Springs Mo</u>		(Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edgar L. Mosley

Licensed Embalmer No. *4711*

P. O. Address *Sweet Springs Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.